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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the below date Signature of the Person Name of Person 01/29/04 KATHERINE RINALDI Making the Deposit: Making the Deposit: Deposit: In re Application of: Andrew Read, Sameer Halapete and Keith Klayman Serial No.: 09/694,433 Examiner: CAO, CHUN Filed: Art Unit: 2185 10/23/00 For: SAVING POWER WHEN IN OR TRASITIONING TO A STATIC MODE OF A PROCESSOR (AS AMENDED) RECEIVED Commissioner for Patents P.O. Box 1450 FEB 1 0 2004 Alexandria, VA 22313-1450 AMENDMENT TRANSMITTAL Technology Center 2100 1. Transmitted herewith is an amendment for this application x Transmitted herewith is a response to an office action for the above identified patent application. (<u>17</u> sheets) sheets of substitute formal drawings. Transmitted herewith are Other: 2. Applicant is other than a small entity Extension of Term 3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. (a) [X] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:) Extension <u>Fee</u> [] one month \$110.00 [] two months \$420.00 [X] three months \$950.00

Fee \$ 950.00

\$1,480.00

If an additional extension of time is required, please consider this a petition therefor.

[] four months

(b) [] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

1 of 2

Attorney Docket No.: TRAN-P059

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)					
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total
Total Claims	13	- 20 =	0	x \$18.00	\$0.00
Independent Claims	6	- 3 =	3	x \$86.00	\$258.00
Multiple Dependent Claim Fee (one or more, first added by this \$290.00 amendment)					\$0.00
Total Fees					\$25 <u>&</u> 00 //

PAYMENT OF FEES

FEB 1 0 2004

5. The full fee due in connection with this communication is provided as follows:

Technology Center 2100

- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.
 A <u>duplicate copy</u> of this authorization is enclosed.
- [X] A check in the amount of \$1,208.00
 - Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

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Respectfully submitted.

Date: 1 / 2 9 / 0 4

Ronald M. Pomerenke Reg. No. 43,009